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Ether Day Address

1919

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The Achievements, Standards and Prospects of the Massachusetts General Hospital

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THE ACHIEVEMENTS, STANDARDS AND PROSPECTS OF THE MASSACHU- SETTS GENERAL HOSPITAL

ETHER DAY ADDRESS*

By

DR. RICHARD C. CABOT

October 16, 1919

Our celebration of Ether Day this year has something the aspect of a reunion. Those of us who love and serve this hospital have not been together before for three years. But your foreign branch, your foreign representatives, whom you sent to do the foreign part of this hospital's work in France and England, did not forget the anniversary day on which the adherents and friends of this hospital are accustomed to gather up the traditions of their past, to take account of stock, and to ask for such visions of the future as may guide it fruitfully.

We celebrated Ether Day in 1917 at Bordeaux; in 1918, in London. The tradition has not been broken, at least so far as the loyalty and devotion of our leader, Dr. Washburn, could preserve it. He gathered us together in the chilly October of Southern France, in a bare and draughty building, to commemorate as best we could our home and our roots in this old institution at Boston. Again, in October of 1918, he gathered together in London such servants and graduates of the hospital as he could find, at a meeting honored

*Address delivered at the Massachusetts General Hospital on the seventy-third anniversary of Ether Day, October 16, 1919.

by the presence and by the appreciative remarks of Sir William Osler.

Since the trustees have chosen for the speaker of this afternoon one who has no extensive or accurate knowledge of ether, and who can bring with him the prestige of no special achievements in science performed in another part of the country, but have selected a member of our own family group, it seemed to me proper that the topic for today should be one needing no special fitness on the part of the speaker except knowledge of the hospital and affection for it extending over thirty years.

Just three decades have passed since I first began to be acquainted with the multifarious and incessant activities of the Massachusetts General Hospital. Using my own personal knowledge of these 30 years, and supplementing it by the writings and recollections of others, I wish today to pass in review *the achievements, standards, and prospects of this hospital*. I shall pay special attention to the years since 1871, at which date the official volume narrating the history of this hospital terminates. In this survey I shall be guided by the belief that there are three main functions, by success or failure in which any hospital should be judged. It is the business of a hospital:—

- (a) To apply the best of existing medical and surgical knowledge to the comfort and healing of body and soul.
- (b) To extend this knowledge through example, teaching and research.
- (c) To extend our vision and our influence beyond the hospital's walls.

The first two of these purposes comprise what may be called the *domestic policy* of the hospital and the third its *foreign policy*. Medicine like charity begins at home.

I

DEVOTED CARE OF PATIENTS

Our first and foremost duty must be our ward service, the detailed care of such patients as we find day by day in the wards and in the Out-Patient rooms of our hospital. This has been somewhat cynically spoken of as the duty of "maintaining a repair shop." Surely we must maintain a repair shop and an excellent one. The repair of his wounds and ills is what the patient most poignantly desires. But we have never been merely a repair shop. Our attack upon the body's ills has never been merely the mechanical and the chemical attack. For mechanics and chemistry can be applied as well to the body of an automobile as to the body of a man. From the very opening of this hospital, September 3, 1821, when the first patient was received, Dr. James Jackson and Dr. J. C. Warren set a standard for the care of patients which in many respects we cannot hope to excel. They realized from the first that it was unscientific as well as inhuman to ignore the sick mind in the sick body, to forget the one function which integrates and represents all the other functions of our organism. As they ministered day by day to diseased bodies we can imagine these first leaders of our hospital traditions confronted with the pathetic question: "Canst thou minister unto a mind diseased?" In their life and practise the first physicians of this hospital answered "Yes." And they answered so clearly and consistently that their influence, the tradition of Jackson and Warren, has persisted, I believe, even to this day.

In the Annual Report for 1867, the precise but uninspired style characteristic of our Annual Reports rises to true eloquence for once in their hundred years' extent. That was the year of Dr. James Jackson's death, and in the resolutions upon this event the Trustees say:

"His personal as well as professional qualities, his activity without imprudence, his decision without dogmatism, his conscientiousness that never provoked, his exhaustless sympathies which made him the father or the brother, as well as the physician, of those to whom he ministered, bearing their troubles as his own and alleviating by the charm of his presence the pains he could not remove by his skill,—his unwearied study, his fruitful knowledge, his contributions to the science and literature of medicine, and his relations to the elder and younger members of the profession gave him a position at the hospital as exclusively his own as that which he held in the community."

Since that time our daily ward service has represented, I think, the conscious attempt to continue that tradition unimpaired. To make possible the continuity of this standard it has been necessary that the trustees should consider always the *character* as well as the professional attainments of those appointed to serve in the hospital wards. Men of conscience, of culture, of sympathy and integrity have been constantly appointed upon our staff. The intellectual and moral standards of this staff have been always its most impressive lesson to the long procession of House Officers and junior physicians who have passed through this hospital.

Some years ago two very promising young House Officers graduated from this institution and settled with brilliant financial prospects, one of them in Cincinnati, the other in Chicago. Within two years each of these men wrote independently to a member of our staff asking if it would not be possible for him to come back here on some terms. They were willing to give up first rate financial prospects for a bare subsistence in this neighborhood, because their contact with the tradition of Jackson and Warren as passed down to them by such physicians as Dr. Frederick C. Shattuck, Dr. James Minot, Dr. E. C. Cutler, and Dr. John

Collins Warren, had spoiled them for commercialism in medicine. They had found here certain ethical and intellectual standards taken as a matter of course. I mean the wise man's honest confession of ignorance, the absence of suspicion, secrecy and backbiting, the rule of fairness to others, the habitual thoroughness of examination, record and subsequent study, the habitual courtesy under conditions which tempt us to a bald and mechanical type of intercourse,— all this had sunk into their minds as it has sunk into those of generation after generation of young physicians passing through their period of service in this hospital.

These high standards in the performance of the day's work involve the double ability to *find* interest in what seems monotonous and to *bring* interest into it. The ability to be astonished and to be delighted is one of the most reviving and sustaining characteristics of the tradition passed on by our staff. I shall never forget the lighted eye and kindled accent with which Dr. Frederick C. Shattuck was accustomed when confronted with a fine example of disease, to say, "God bless my soul! Did you ever see anything like that?"

This spirit has been possible because the members of our staff have been accustomed to *bring the best of themselves with them to the hospital* and not to leave behind them at home all except their technical equipment. They have brought with them to the hospital not merely their keen intellects and their well stored memories, but their other human interests. So Dr. Whittier brought always his still burning memories of the Civil War. Dr. J. Mason Warren used often to bring his children with him upon his hospital visits, and many of us remember an amazing and mirth-producing dachshund which followed Dr. Shattuck about the wards.

We should be foolish to ignore here the influence of heredity. If medical science has taught us anything it is that *blood tells*, that stock is a fundamental factor

in human worth and achievement. Hence, the better members of our staff have passed on the accumulations of a hundred years of strenuous, intelligent and conscientious living, the gleanings of two continents, the fruits of humane culture.

It has never been better exemplified than in this hospital that true greatness is characterized especially by modesty and unpretentiousness, that merit does not have to trumpet its claims by titles or decorations nor to hedge itself around with a wall of aloofness. Our models and teachers in the daily work of the wards have been as ready to learn as to teach, and to learn even from their youngest and crudest assistant.

The tradition that I have tried to describe is, I believe, a genuine and persistent characteristic of our city. Boston is no longer a literary centre, if it ever was; but the practice of humane and skilful service is, I believe, as strong with us at this hospital today as it was a hundred years ago. It is a tradition that holds fast something of the best yet achieved here, thus by conservation making true progress possible. And because many men have built their lives into the structure of this tradition, giving the best they had to offer, the spirit of this tradition is greater than that of any single man, yet has an individuality all its own.

II

In Tables I and II I have jotted down some of the most important items of our achievement, noting first our material expansion and second some improvements in the quality of our service. We have become better, I think, as well as bigger. But I will speak of our material growth first, though in some cases our growth in size has meant an improvement in quality.

MATERIAL EXPANSION

The first twenty years of the hospital's life saw the beginning and expansion of the Bulfinch building, the

corner-stone of which was laid July 4th, 1818, a centenary which, so far as I know, we did not notice or commemorate last year.

The first important additions were the group of buildings comprising the Thayer dormitory for nurses, and those which we ordinarily call the "lower wards," A, B, C, D, E, built during the years of 1874 to 1888 and providing a type of service but meagrely secured in the older building, I mean the advantage of private rooms. In 1896 came the construction of the new pathological laboratory and the power house. With this laboratory we secured one of the most important improvements in the quality of our work, the genius of Dr. James H. Wright as director of the new pathological laboratory. All that now goes on in that busy and diversified structure had to be done till 1896 in a dark and narrow closet which now makes up a small section of the Warren Library, a closet about ten feet by six.

Between 1900 and 1903 some of the most important of the buildings now in use were added, including the new operating building, the domestic building, and last, but most important, the new Out-Patient building. By these three new structures I think we can say that the daily work of the hospital took on quite a new complexion. I noticed at once an improvement in the patients' diet resulting from the new kitchen arrangements of the domestic building. The new operating building made possible much better organization and multiplication of the necessary surgical operations, while the new Out-Patient building, the finest of its kind in the world, brought to the notice first of ourselves and later of the rest of the country, the central significance and value of Out-Patient work.

In rapid succession followed the building of the dermatological and orthopedic wards, and not long after of the new nurses' home. Finally, in 1915 and 1917, came the last and in some ways most important addi-

tions to our plant, the Moseley Administration Building (1915) and the Phillips House (1917).

But this material expansion which enabled us to care for more patients and give them better service, has been still further increased by improvements in organization and in treatment, through which we have cut down the average stay of the individual patient from 11 weeks as it was in 1855, to 18 days as it was in 1898, and approximately 11 days as it is now. This enables us to give greater public service without increasing the size of our expensive urban plant. The plans for a country branch of this hospital now taking shape in the minds of the Trustees will enable us to cut the patient's stay in this urban hospital still shorter and so to serve more people.

TABLE I — SOME SIGNIFICANT DATES

1869	Lady visitors to female patients.
1870	Lady visitors to male patients.
1871	Dr. R. H. Fitz, microscopist.
1873	Nurses Training School organized.
1889	Dr. R. H. Fitz, pathologist. (Appendicitis 1886.)
1896	Dr. J. H. Wright and Pathological Laboratory.
1903	New Out-Patient Department; also Children's Service and Skin Ward.
1905	Dr. J. H. Pratt and Dr. John B. Hawes aggressively attack Tb.
1905	Social Service.
1907	Dr. F. A. Washburn's Administration begins.
1907	X-Ray Department.
1908	First Continuous Service begins (Dr. F. C. Shattuck).
1909	Practitioners' Courses.
1911	Surgical Residents (Paid).
1912	Staff Reorganized; Executive Committee created; Dr. D. L. Edsall arrives.
1913	Department of Syphilis (Drs. Abner Post and C. Morton Smith).
1913	Department of Industrial Diseases (Dr. Wade Wright).
1913	Clinic Secretaries.
1913	Medical Resident (Dr. W. W. Palmer).
1913	Out-Patient Department fee raised to 25 cents.

- 1915 Dr. Washburn proposes Consultation Clinic for persons of moderate means.
- 1915 Case Records begin to be circulated.
- 1917 Phillips House.
- 1918 Dr. Edsall organizes research.
- 1918 Trustees plan hospital for persons of moderate means.

IMPROVEMENTS IN THE QUALITY OF SERVICE

(a) *Diversification of Service.* It is characteristic of the personal devotion traditional in our profession that the doctor is wont to try to do himself everything or nearly everything that needs to be done for the patients. Thus in my uncle, Dr. Samuel Cabot's time, when the use of the clinical thermometer was introduced, all temperatures were taken by the physicians themselves. No nurse was allowed to use so delicate an instrument of precision. So until very recently it was thought a heresy akin to scandal to suggest that patients could be admitted to the hospital wards or to the Out-Patient Department by any one except a physician. Yet this portion of our routine has long since passed over to *nurses*.

In a similar way a considerable portion of our laboratory work has passed into the hands of *paid technicians* assisted by *volunteers*, and Fourth year medical students are now employed as *clinical clerks*, for a considerable portion of the year, to do work previously thought proper only for a graduate physician.

The management and marshalling of patients in the dispensary clinics, which used to be performed by frantic and hasty medical assistants, is now quietly and deftly performed by our volunteer *clinic secretaries*.

In the treatment of patients we have summoned to our aid not merely the nurses who have always done so much of it, but special *therapeutic assistants* in the departments of hydro-therapy, mechanotherapy, massage, and in the dietetic management of diabetes. Cure by occupation is also well established in our wards, owing largely to the devotion of Miss Brackett.

Something of the variety and volume of service now

given in this hospital can be seen from Table II (Persons serving the Hospital). The *volume* of service is seen in Table III.

Here I should like merely to note in connection with the therapeutic assistants in the field of hydro-therapy, that this branch of service began in June 1824, when a cold and warm salt-water bathing house was erected on the seashore, which then directly touched our walls.

TABLE II — PERSONS SERVING THE PATIENTS AT THE MASSACHUSETTS GENERAL HOSPITAL (1919)

Trustees	12
Consultants	12
Committee Members	46
Physicians and Surgeons	216
Research Physicians	9
Nurses	455
Orderlies and Maids	77
Technicians	8
Social Service: Paid	24
Volunteer.....	61
Clinic Secretaries and Laboratory Volunteers	32
Therapeutic Assistants	5
Library Staff and O. P. D. Records.....	15
Household Staff	112
Engineers, Carpenters, Gardeners, and Chaussieurs, etc.	17
Clerical Staff	20
Total	1,121

TABLE III — POPULATION SERVED BY THE MASSACHUSETTS GENERAL HOSPITAL (1919)*

Ward Patients (1917)	6699
Out-Patients, new (1917)	31104
Out-Patient visits (1917)	203524
Case Record Subscribers	1803
Physicians (2 weekly public exercises) (about)	100
Students: Social work (a week)	15
Medical Undergraduates (yearly)	270
Medical Postgraduates (yearly) (about)	300
Nurses (yearly)	224
Total (omitting Out-Patient visits)	40,515

*Except as noted in first three items.

CONCENTRATION OF ATTENTION AND ATTACK UPON ONE DISEASE AT A TIME

In 1905, through the energy and ingenuity of Dr. J. H. Pratt and Dr. John B. Hawes, Jr., the hospital assumed a new attitude towards one disease—*tuberculosis*, an attitude which, I think may be characterized as *aggressive*. Instead of waiting passively for disease to present itself at our doors in the persons of individual patients, we began to seek it out in its own lairs with the hope of crushing it altogether. The attack upon tuberculosis was followed not long after by the attack upon *syphilis* as a separate disease and by the organization of our syphilis clinic under Drs. Abner Post and C. Morton Smith. I venture to believe that this clinic has no equal in this or any other country, and that its success is due to the amount of attention and interest concentrated upon a single group of patients whose problems are so much the same that unusual skill can be accumulated in dealing with them.

Following the example of Dr. Pratt's tuberculosis class, Dr. F. G. Brigham organized five years ago our first class for *diabetics*, which has since been a very useful and instructive feature of our work. Since the *poliomyelitis* epidemic (1916) this disease is also treated in a clinic by itself. *Hay fever and asthma* are now receiving the advantages of a special clinic and staff, the advances in our organization corresponding with the advances in our ability to treat these diseases successfully.

The clinic for *industrial diseases* established by Dr. Wade Wright just before the war emphasized two principles: first, that just exemplified, the concentration of attention upon one group of diseases in isolation from the rest, and second our increased awareness of the industrial world and the mischief wrought by it, an awareness shared by the hospital with the rest of society at the present time.

SOCIAL SERVICE

In 1905 came the organization of Social Service work, which after a precarious and checkered career has now become an established part not only of this but of all other first-rate hospitals in this country, and has recently taken root, through the efforts of your foreign service branch, in France.

THE CIRCULATION OF OUR CASE RECORDS IN THIS AND OTHER COUNTRIES

Since 1915 the benefits of some of the knowledge gained in our hospital have been spread to cities and countries very far from our gates. It has always been the policy of this hospital to serve the physicians not connected with its staff so far as this service was consistent with the best welfare of its patients. But now by means of published records of our work sent out each week throughout this and other countries, we are enabled to extend our service very much further than was possible before 1915.

The standards of this hospital, its standards of record systems, of physical examination, of pathological examination after death, and of diagnostic reasoning are thus made of value outside our walls.

TABLE IV — SUBSCRIBERS TO “CASE RECORDS”

United States	1491
(Massachusetts 96)	
Canada	65
South America	16
West Indies	11
Canal Zone	2
Hawaii	4
Philippines	6
Europe	18
Asia	11
Africa	2
Australia	101

CLINIC SECRETARIES

I have already mentioned the advantages in the administration and organization of our Out-Patient clinics that have resulted from the introduction of clinic secretaries. This was primarily the work of Mrs. Roger I. Lee, then Miss Ella Lyman, who was the first to demonstrate to the hospital authorities that a young, well-bred but unskilled girl could accomplish something of signal usefulness in the medical routine of the institution. There is nothing like this so far as I know in any other hospital, but doubtless like the other inventions of this institution it will be imitated elsewhere.

CONSULTATION CLINIC FOR PERSONS OF MODERATE MEANS

Just before the war, owing to the progressive attitude and foresight of Dr. F. A. Washburn, the hospital took the radical step of establishing in the Out-Patient Department a clinic at which persons on the payment of \$5.00 were able to get the combined services of the different medical specialties now necessary for a thorough diagnosis and rational treatment of disease. It is becoming increasingly obvious that no single physician is wise enough to furnish all the data necessary for a modern diagnosis. The co-operation of laboratory experts, X-Ray experts, specialists in the different fields of medical diagnosis, is often necessary if a common disease such as rheumatism or stomach trouble is to be traced to its causes and properly treated. This clinic for persons of moderate means, unable to pay the services of all the specialists needed for the proper study of their cases, was an innovation in medical service and pointed the way to another of the most important extensions of policy ever made in the history of this hospital, namely:

THE ROUNDING OUT OF OUR HOSPITAL PLAN AND POLICY SO THAT WE MAY SERVE ALL CLASSES

In their last two reports the Trustees of this hospital have taken a step involving, I think, signal foresight and courage. They have resolved to put this hospital as far and as fast as they can at the service not merely of the poor, as it was before the erection of the Phillips House, or of the poor and the rich as it now is, but of all classes including the numerous persons of moderate means who now receive a most unsatisfactory type of medical service. The poor and the rich can get up-to-date treatment; the great body of those financially intermediate cannot.

THE ORGANIZATION OF RESEARCH UNDER THE DIRECTION OF DR. EDSALL

I have passed over without mention the brilliant discoveries of Morton, of Henry J. Bigelow and R. H. Fitz which brought reputation to this hospital in the earlier years of its existence. It is not likely that the quality of their scientific work will be exceeded in the future. But it may be pointed out that the work of these men resembled in some ways the gains of the earlier Harvard football teams. It was done by bold and brilliant individualists. It was not organized or put into the hands of those whose chief purpose centred here.

The beginning of this new organization of research work is due, like many of the best things that have happened in this hospital of late, to the advent of Dr. David L. Edsall. Touching the high points in the hospital's history we might say that the tradition of service established by Jackson and Warren, the brilliant discoveries of Morton, Bigelow and Fitz, and the better organization introduced by Washburn and Edsall represent the peaks of our achievement.

PROSPECTS

I. CLOSER RELATIONS OF TRUSTEES AND STAFF

What now of the future? One of the best promises of our future growth is contained in the striking increase in activity and interest manifested by the Board of Trustees in recent years. I say manifested, for what I speak of is wholly what the staff is able to see. The staff has always known that the trustees were at the helm, guiding our vessel wisely. But until within recent years we have seen and known but little of them and their activities. Now we are in constant touch with them and we know that they are carrying out the old tradition of the hospital in their present proposal to appeal for new hospital funds.

In 1816, although the foundations of the hospital had not then been laid, the Trustees decided to make an appeal in behalf of the institution over which they nominally presided. After issuing letters and circulars they "divided themselves into four committees and abandoning their private affairs for a season they went through the streets day after day soliciting subscriptions from all," and in this way raised \$846,000 within a few days. Doubtless we shall soon see committees of our trustees taking to the streets on a similar errand of mercy.

II. BRING THE WORLD'S BEST HERE

Judging from our path as we look backwards over it, we may hope to continue a reform begun in the medical service and in the department of pathology, namely, the infusion of new blood into the hospital by bringing here the best men obtainable from outside our city. It is not enough for the hospital to do its ward work conscientiously and to organize teaching and research within its walls; *it must also extend its influence and its vision extra-murally.* One of the first results of such a vision will be to bring us new blood. Dr. Edsall ever

since his coming has personified in our executive committee and in all our councils a wide awareness of what is going on in other medical centres of this country. He has never let us fall behind or get left out of any of the important movements towards better service occurring elsewhere.

May we not hope that some arrangement may be made here such as has been made at the Mayo Clinic, whereby our awareness of what is going on in the medical centres of this and other countries may not be left to chance or to the transplantation into our midst of a single enlightening personality like Dr. Edsall? As we recently sent Mrs. Myers, the head of our medical library, on a trip to familiarize herself with the other medical libraries and record rooms of the country, as we recently took advantage of Dr. Paul D. White's journey to England to have him bring back to us the best of knowledge and of new instruments for the study of the heart, so we ought to hope that in some way the hospital will provide for a constant stream of new information from outside our walls.

III. STUDY OF INTAKE

We have begun at last to study intake. A new and enlightening policy of the trustees now focuses our attention upon the question:—"Are we now taking into the hospital such persons as we can best serve?" Hitherto we have been passive in this matter. We have indeed selected among those who came to us, but we have never reached out to inquire whether there were any others who needed us as much as those whom we are now serving, or perhaps more, but who are not aware of our existence or cannot gain admission here. Perhaps we shall soon be bold enough to make this hospital really known as it should be known to those who need it. The word "advertise" is not in line with our traditions, but we must accomplish the same results without the word.

IV. MEDICAL ORGANIZATION FOR THE PUBLIC GOOD

Our recent achievements and plans make it possible to hope that in the future we shall organize medical service for the public's good without any fear of an indignant medical minority. We have seen so much of late of the tyranny of minorities in other fields that I think we are awakened as never before to their dangers. If we serve the community as we should, we shall certainly arouse the indignation of some of the less enlightened of our professional brethren. We have done so already and served the public none the less. We must be prepared to do so again.

V. EXCHANGE OF STAFF MEMBERS WITH OTHER HOSPITALS

This year for the first time so far as I know in our history a member of the staff of this hospital has been giving medical instruction in another hospital, the Peter Bent Brigham. This may well enough become a fruitful precedent. Why should, we not have exchange professors and exchange hospital services along the lines already laid out in the hospital last referred to? Surely such an exchange would increase our vision, extend our influence outside our walls and bring new life within them.

VI. EXTRA-MURAL RESPONSIBILITIES

It seems to me almost inevitable that we shall take more and more part in the life of the community outside our walls. The patients who come to us present a sample of conditions as they exist in the community outside. As a bucket let down into an artesian well or into the ocean brings up from the bottom a sample of what is widely distributed there, so a patient with lead poisoning, with tuberculosis, with a court record, with a truancy record, brings us into touch with conditions which we should not ignore. We can serve the

community by assisting the schools, the courts, the industrial plants, and the public health authorities to quell the diseases of which we see samples in our Out-Patient clinics or in our wards.

VII. END RESULTS

We still know far too little about the progress of our patients after they leave our wards. The rebukes and warnings of Dr. E. A. Codman in relation to our ignorance of our end results are for the most part deserved. From the point of view of science as well as of humanity, in order that we may improve our prognosis and our treatment, we ought to know more about our results. This will cost money and time, but without it we shall not be keeping up with our traditions.

VIII. THERAPEUTIC RESEARCH

I cannot but hope that the organization of research under the leadership of Dr. Edsall will result in making the general plan and trend of American medical research less one-sided. We have had a tremendous amount of investigation into the causes and nature of disease. We needed it all and more. But surely we should balance it by more investigation of prognosis and therapeutics. Investigation into the treatment of disease languishes in this country. Who can undertake it better than the research group now developed at this hospital under the leadership of Dr. Edsall?

IX. FURTHER UNIVERSITY CONNECTIONS

Can we not unite ourselves with some of the academic departments of Harvard University, both for their benefit and ours? The departments of sociology and psychology, of physics and chemistry surely have something to give us and something to learn from us. Are we not neglecting some of the opportunities presented by our closeness to this great university?

X. BETTER CARE OF CONVALESCENTS

The Trustees' plan for a country branch and the present concentration of *interest in convalescence* through (a) occupational therapy, (b) physical therapeutics, and (c) the special interest of Dr. John Bryant, leads me to hope that we shall take the lead in solving the largely neglected problems of convalescence. It is unfortunately true that in our ward work we lose some of our interest in the patient when he begins to convalesce. This means a loss of efficiency in the institution as well as an injustice to the patient. The convalescence of our patients might be shorter as well as more complete if we put more energy and more attention upon it.

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I have passed in rapid and sketchy review what seems to me most important in the standards, achievements and prospects of this hospital. As we grow in size and in numbers shall we be able to keep the Jackson-Warren spirit? Or as we develop into a huge and diversified industry shall we become as mechanical and as soulless as a factory?

We shall avoid it, I think, by the organization of small, relatively independent units within the hospital. The homelike and humane spirit of a small institution such as this hospital was in the first half century of its existence, can be kept, I hope and believe, if we can organize the different parts of the institution into relatively self-sufficient units in each of which the advantages of smallness and intimacy can be preserved.

Shall we be able to conserve what is best in our traditions and yet to grow with our time?

I believe so, because we shall take the best of what is new from outside our walls and domesticate it here, as we have domesticated Dr. James H. Wright and Dr. Edsall, always aware that because we have done good work in the past we all the more need reforming.

I believe we have never done work as good as we are now doing, and yet I trust that we shall never in future do work as poor.

Shall we be able to keep in organic unity the three proper activities of a hospital?

I believe that we shall not lose the tradition of high standard of daily work because we shall never lose our connection with humane culture, maintained through the interest and visits of our trustees, of our lady visitors, and of our volunteers. I believe that we shall not lose the spirit of scientific research because we shall realize that only by teaching and research, only by ever closer connection with academic institutions can we free ourselves from the evils of routine and of stagnation. "I read," said Thomas Arnold, "*enough to keep my mind in the state of a running stream*; for it is ill drinking out of a pond whose stock of water is merely the remains of the long past rains of the winter and spring, evaporating and diminishing with every successive day of drought."

We shall keep the scientific spirit, the spirit of the running stream because it is necessary to avoid stagnation in our routine ward work.

We shall keep our vision and our influence upon the world outside our walls through the establishment of exchange services and exchange professorships, through the initiative of our social service department and through the cosmopolitanism of the best members of our staff.

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